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Sequence Number: \_\_\_\_\_

Notice ID(s): \_\_\_\_\_

File Date: \_\_\_\_\_

# Notice of Rulemaking Hearing

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.*

<b>Agency/Board/Commission:</b>	Tennessee Department of Human Services
<b>Division:</b>	Family Assistance
<b>Contact Person:</b>	Phyllis Simpson
<b>Address:</b>	Office of General Counsel Citizens Plaza Building, 10 <sup>th</sup> Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	phyllis.simpson@state.tn.us

*Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:*

<b>ADA Contact:</b>	Jeffrey Blackshear
<b>Address:</b>	Citizens Plaza Building, 10 <sup>th</sup> Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	jeffrey.blackshear@state.tn.us

**Hearing Location(s)** (for additional locations, copy and paste table)

Address 1:	Citizens Plaza Building 2 <sup>nd</sup> Floor Board Room 400 Deaderick Street
Address 2:	
City:	Nashville, Tennessee
Zip:	37243-1403
Hearing Date :	05/19/09
Hearing Time:	1:30 PM <input checked="" type="checkbox"/> X CST <input type="checkbox"/> EST

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

☒ Amendment  
☐ New  
☐ Repeal

**Rule(s)** (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional

SS-7037 (January, 2009)

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March 12, 2009

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March 12, 2009

tables. Please enter only **ONE** Rule Number/RuleTitle per row.)

<b>Chapter Number</b>	<b>Chapter Title</b>
1240-01-04	Financial Eligibility Requirements
<b>Rule Number</b>	<b>Rule Title</b>
1240-01-04-.27	Standards of Need/Income

<b>Chapter Number</b>	<b>Chapter Title</b>
<b>Rule Number</b>	<b>Rule Title</b>

<b>Chapter Number</b>	<b>Chapter Title</b>
<b>Rule Number</b>	<b>Rule Title</b>

Chapter 1240-01-04  
Financial Eligibility Requirements

Amendments

Rule 1240-01-04-.27 Standards of Need/Income, is amended by deleting Subparagraph (c), Parts 1 through 3 and Table III under Paragraph (1) in their entirety, and by inserting the following, so that, as amended, Subparagraph (c), Parts 1 through 3 and Table III under Paragraph (1) shall read as follows:

- (c) Basis of Coupon Issuance - Value of the Thrifty Food Plan. The Thrifty Food plan shows the maximum coupon allotment that can be authorized for a household of any given size, and is used to determine the actual amount of the coupons for which the household qualifies.
1. Calculate 30% of a household's available income (after exclusions and deductions).
  2. Subtract that amount from the maximum coupon allotment for the appropriate household size to determine the value of the coupon allotment. The minimum allotment for one and two person households is \$16.00 even if thirty percent of those household's net income subtracted from the Thrifty Food Plan is less than \$16.00. For all other household's sizes, the allotment is based on the actual amount derived from the preceding calculations.
  3. If after using the appropriate formula the result ends in 1 through 99 cents, the amount shall be rounded down to the nearest lower whole dollar. If the computation results in an allotment of less than \$10, then no issuance shall be made for the initial month.

Table III

No. of Persons in Household	1	2	3	4	5	6	7	8	9	10
Maximum Coupon Allotment	\$200	\$367	\$526	\$668	\$793	\$952	\$1052	\$1202	\$1352	\$1502

For each additional member add \$150

Authority: T.C.A. §§ 4-5-201 et seq.; T.C.A. § 4-5-202; T.C.A. §§ 71-1-105 and 71-5-304; 7 U.S.C.A. § 2014 and 2017(a); 7 C.F.R. §§ 273.9 and 273.10; and PL 110-246, Title IV §§ 4102, 4103 and 4107, June 18, 2008 and PL 111-5, Division A, Title I § 101, February 17, 2009.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Officer: Phyllis Simpson

Assistant General Counsel

Title of Officer: Tennessee Department of Human Services

Subscribed and sworn to before me on: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

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Filed with the Department of State on: \_\_\_\_\_

\_\_\_\_\_  
Tre Hargett  
Secretary of State